

Scott Walker  
Governor

Dennis G. Smith  
Secretary



**State of Wisconsin**  
**Department of Health Services**

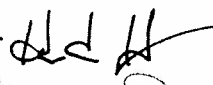
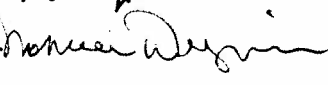
**DIVISION OF LONG TERM CARE**

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DATE: September 07, 2011

TO: Family Care Managed Care Organizations  
Family Care Partnership Managed Care Organizations  
Vestica Healthcare, LLC  
Wisconsin Physicians Service Insurance Corporation (WPS)

FROM: Heidi Herziger, State Contract Manager   
Monica Deignan, Family Care Manager 

RE: Claims Processing Contract # 1677  
Partnership Pricing and Participating Agreement Template

The Department has reached agreement with Vestica Healthcare LLC to provide claims processing services for Family Care Partnership at the rate of \$17.90 Per Member Per Month (PMPM). This rate is a \$1.00 add-on to the already negotiated rate of \$16.90 for Family Care claims processing services. Wisconsin Physicians Insurance Corporation (WPS) has decided not to provide Third Party Administration services for Family Care Partnership MCOs, but may offer these services in the future. For clarification, both WPS and Vestica have contracted to provide claims processing services to the Family Care program.

In order to contract with either Vestica or WPS for claims processing services under the Department contract (Claims Processing Contract #1677), a Participating Agreement must be completed to document the terms and services. The Department has now finalized the Participating Agreement Template required to be used. This Template is required for either Family Care or Partnership contracting. The Participating Agreement document becomes an amendment to the Department Master Agreement (Claims Processing Contract # 1677), and therefore all of the provisions of the Department RFP and Master Agreement are in effect. For clarification, claims processing services can only be contracted from these vendors under the Department Master Agreement.

The finalized Participating Agreement Template and required supporting documents have been posted at the Department website <http://www.dhs.wisconsin.gov/ltcare/ProgramOps/Index.htm>. Supporting documents include an Implementation/Transition Plan, Communication Plan, Testing Plan and Training Plan. Within the Participating Agreement, the Contractor (TPA) and the MCO must document comprehensive implementation plans for Master Agreement core requirements, MCO specific Organization Level Contracting items, and any Optional Functions that the MCO elects to implement. The Participating Agreement may include additional terms and services agreed upon by the MCO and the Contractor, providing they are not in conflict with the Master Agreement.

Once the Contractor and the MCO have completed a Participating Agreement it must be submitted to the Department for approval. The Department will review each Participating Agreement to ensure that its terms and conditions do not conflict with Claims Processing Contract #1677 and to ensure the appropriateness of the agreement and schedules. MCOs must contact the Contract Monitor when they begin to work with a TPA to develop a Participating Agreement for Department planning purposes.

Upon approval of the Participating Agreement, the MCO will be responsible for interpreting and enforcing the terms of the Agreement and managing day-to-day services provided by the Contractor.

## **Participating Agreement**

### **For Contract # 1677- DLTC - \_\_\_\_ (enter WI contract number)**

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**(Enter Contractor name)** and **(enter MCO organization name)** enter into this Participating Agreement pursuant to the State of Wisconsin master agreement Contract #1677-DLTC-**(enter Contractor)** between the Department of Health Services and **(enter Contractor name)**. This Agreement is attached as an addendum to the master agreement and therefore incorporates the terms and conditions of the master agreement.

#### **Definitions.**

**"Master Agreement"** means either Contract #1677-DLTC-WPS or Contract #1677-DLTC-VES for Statewide Long-Term Care Infrastructure Third Party Administration.

**"Effective Date"** means the date this Participating Agreement addendum will commence, following signature of the parties and subsequent approval by the Department of Health Services.

- A. (Enter MCO organization name)** is responsible for interpreting and enforcing the terms of this Agreement and in managing the day-to-day services provided by **(enter Contractor name)**.

Should the parties fail to resolve any disputes that arise between them regarding the services to be performed under the master agreement or under this Agreement, either party may appeal to the Department which will have the authority to render the final administrative decision.

- B.** This Agreement covers all Third Party Administration (TPA) claims processing services, managed care encounter service reporting, and other related services specified in Contract 1677-DLTC- **(enter Contractor)** for program delivery agencies, including Family Care and Family Care Partnership organizations, as established by the Wisconsin Department of Health Services.

The per member per month (PMPM) and other related TPA charges are set forth in the Master Agreement and binding on the parties to this Agreement, unless the parties agree to add other services to be performed under this Agreement that increase costs.

The parties will develop and attach schedules to this Agreement for the following Bulletin Level Set Up and Per Member Per Month (PMPM) requirements as defined in the Master Agreement for the following:

- Transition support for itemized systems and process changes that impact providers and MCOs
- Claim payment restrictions
- Claims processing standards
- Implementation work plan and timetable
- Post implementation work plan and timeline that defines the quality assurance and quality improvement processes, including the reports that will be used to support these processes.
- Remedial work to resolve outstanding Bulletin Level Setup documentation requests and program audit findings.

The parties will develop and attach schedules to this Agreement for Organization Level Contracting requirements and setup, as defined in the Master Agreement for the following:

- Any MCO specific setup or configuration a contractor (or contractor's sub-contractors) must complete.
- Any changes to standardized Department setup configuration documentation, including workflows, communication processes, or training plans to meet the specific organizational level business requirements.
- Any MCO and provider training necessary to effectively commence contractor services under this Contract.
- MCO requested additional support services and costs
- MCO requested Optional Functions and costs

The schedules must contain the following elements and other details as appropriate:

- Definitions for any terms which are not already defined in the master agreement
- Scope of services and Service Deliverables
- One-time costs (if appropriate) specific to each deliverable
- Service level agreements for each deliverable
- Steps to accomplish each deliverable
- Implementation Plan that is consistent with guidelines established by the Department
- Communication plans and protocols that are consistent with guidelines established by the Department
- Testing Plan that is consistent with guidelines established by the Department
- Training plan that is consistent with guidelines established by the Department
- MCO cost/benefit analysis for any Optional Services

Additional documentation that must be part of the Participating Agreement includes the following:

- Operating Manual
- Written communications protocol
- Invoicing process for the Contractor and MCO
- Business Associate Agreement between the Contractor and the MCO
- Proposed effective date and termination procedures

- C. This Agreement, the schedules when finalized and any amendments to the agreement or schedules, must be approved by the Department of Health Services (DHS) before they become effective. The term of this Agreement runs with the term of Contract # 1677-DLTC- **(enter Contractor)** and its extensions, unless this Agreement is terminated earlier by **(enter MCO organization name)** or **(enter Contractor name)** according to this terms of this Agreement and the master agreement.

IN WITNESS WHEREOF, the Parties hereto by their duly authorized representatives have executed this Agreement with full knowledge of and agreement with its terms and conditions.

**(MCO ORGANIZATION NAME)**

**(CONTRACTOR COMPANY NAME)**

BY: \_\_\_\_\_

BY: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

## **Schedules (To Be Attached)**

### **1.0 Organization Level Contracting.**

(To be determined by MCO.)

### **2.0 Optional Functions Contracting.**

(To be determined by MCO.)

### **Appendices**

(To be determined by MCO.)